

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p><b>Complete if Known</b></p>				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number				
		Filing Date				
		First Named Inventor				
		Examiner Name				
		Art Unit				
TOTAL AMOUNT OF PAYMENT		(\$)	280.00	Attorney Docket No.		C1271.70045US03

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 23/2825    Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b> - 20 or HP _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ x _____ = _____ <b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
<b>Indep. Claims</b> - 3 or HP _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> _____ x _____ = _____ <b>Fee Paid (\$)</b>	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____	_____ /50 = _____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1814 Two Statutory Disclaimers (\$140.00 each)	280.00

**SUBMITTED BY**

Signature	/C. Hunter Baker/	Registration No. (Attorney/Agent)	46,533	Telephone	617.646.8000
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.			Date	May 17, 2010

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 17, 2010

Electronic Signature for: /Eileen M. MacKenzie/